

PTO/SB/01 (09-04)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

|                           |                     |
|---------------------------|---------------------|
| Attorney Docket<br>Number | PATRADE             |
| First Named Inventor      | Poul Torben Nielsen |
| <i>COMPLETE IF KNOWN</i>  |                     |
| Application Number        |                     |
| Filing Date               | 04/21/2005          |
| Art Unit                  |                     |
| Examiner Name             |                     |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Measuring Equipment for Use in Connection with Hip Prosthesis Surgery

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached?<br>YES | Certified Copy Attached?<br>NO      |
|----------------------------------------|---------|-------------------------------------|--------------------------|---------------------------------|-------------------------------------|
| PA 2002 01601                          | Denmark | 10/21/2002                          | <input type="checkbox"/> | <input type="checkbox"/>        | <input checked="" type="checkbox"/> |
| PCT/DK2003/000714                      | PCT     | 10/21/2003                          | <input type="checkbox"/> | <input type="checkbox"/>        | <input checked="" type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

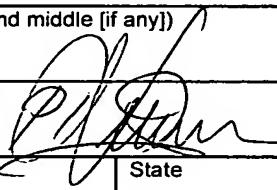
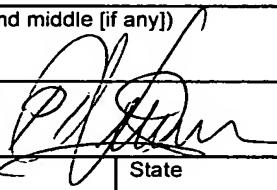
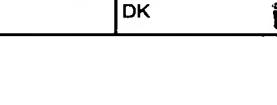
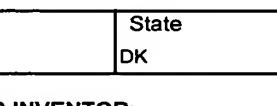
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PTO/SB/01 (09-04)

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## DECLARATION — Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                               |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------|-----------------------|
| Direct all correspondence to: <input type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px;"> </span>                                                                                                                                                                                                                                                                                                         |                           | OR <input type="checkbox"/> Correspondence address below                      |                       |
| Name<br>James C. Wray                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                               |                       |
| Address<br>1493 Chain Bridge Road, Suite 300                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                               |                       |
| City<br>McLean                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State<br>VA               | ZIP<br>22101                                                                  |                       |
| Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Telephone<br>703-442-4800 | Fax<br>703-448-7397                                                           |                       |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                           |                                                                               |                       |
| NAME OF SOLE OR FIRST INVENTOR:                                                                                                                                                                                                                                                                                                                                                         |                           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                       |
| Given Name (first and middle [if any])<br>Poul Torben                                                                                                                                                                                                                                                                                                                                                                                                                     |                           | Family Name or Surname<br>Nielsen                                             |                       |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                    |                           | Date <u>15/4-05</u>                                                           |                       |
| Residence: City<br>DK-9200 Ålborg SV                                                                                                                                                                                                                                                                                                                                                                                                                                      | State<br>DK               | Country<br>DK                                                                 | Citizenship<br>Danish |
| Mailing Address<br>Bangsbovej 8                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                               |                       |
| City<br>DK-9200 Ålborg SV                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State<br>DK               | Zip<br>DK                                                                     | Country<br>DK         |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                               |                           | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                       |
| Given Name (first and middle [if any])                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | Family Name or Surname                                                        |                       |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                   |                           | Date                                                                          |                       |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State                     | Country                                                                       | Citizenship           |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                               |                       |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State                     | Zip                                                                           | Country               |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.                                                                                                                                                                                                                                                                                                            |                           |                                                                               |                       |

Rec'd PCT/PTO 20 APR 2005

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                         |
|------------------------|-------------------------|
| Application Number     |                         |
| Filing Date            | 04/21/2005              |
| First Named Inventor   | Poul Torben Nielsen     |
| Title                  | Measuring Equipment ... |
| Art Unit               |                         |
| Examiner Name          |                         |
| Attorney Docket Number | PATRADE                 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

| Name                | Registration Number |
|---------------------|---------------------|
| James C. Wray       | 22,693              |
| Meera P. Narasimhan | 40,252              |
| Matthew J. Laskoski | 55,360              |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:  
OR

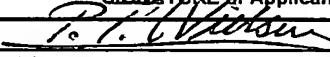
The address associated with Customer Number:   
OR

|                                     |                                     |               |              |
|-------------------------------------|-------------------------------------|---------------|--------------|
| <input checked="" type="checkbox"/> | Firm or Individual Name             | James C. Wray |              |
| Address                             | 1493 Chain Bridge Road<br>Suite 300 |               |              |
| City                                | McLean                              | State         | VA           |
| Country                             | USA                                 | Zip           | 22101        |
| Telephone                           | 703-442-4800                        | Fax           | 703-448-7397 |

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

|                   |                                                                                     |           |              |
|-------------------|-------------------------------------------------------------------------------------|-----------|--------------|
| Signature         |  | Date      | 15/4-05      |
| Name              | Poul Torben Nielsen                                                                 | Telephone | 703-442-4800 |
| Title and Company |                                                                                     |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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